# **State Civil Penalty Reinvestment Program (SCPRP) Application Review**

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| **Project title** |  |
| **Organization** |  |
| **Amount requested** |  |
| **Projected dates or timeline of project** |  |

1. **Project Summary**

Insert a brief, one paragraph summary of the project.

1. **Prohibited Uses**

The following prohibited uses are present in the SCPRP application:

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|  | Duplicative funding to a state or federal contract |
|  | A project timeline that extends beyond eighteen months |
|  | Funding for goods or services that are required by state or federal law or regulation, such as food, heat, staff. |
|  | Capital improvements to the home |
|  | Projects for which a conflict of interest or the appearance of a conflict of interest exists with the entity(ies) who will benefit from the intended project(s) or use(s) |
|  | Other: Insert a summary of the perceived prohibited use of funds. |

1. **Problematic Budget Items**

The following problematic budget items are present in the SCPRP application:

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|  | Large expenditures that are not clearly and directly related to improving the quality of life and care of residents |
|  | The requestor plans on charging residents or other entities for items or services funded by SCPRP monies (e.g., conferences, webinars, or trainings) |
|  | Incentives (e.g., for attending training or completing a survey) |
|  | Refreshments or food for conferences or similar functions (e.g., trainings, meetings) |
|  | Excessive expenses. (e.g., travel expenses that do not align with generally accepted rates such as those of the State or Federal Government, or excessive salaries or fringe benefits) |
|  | Other: Insert a summary of the perceived problematic budget area |

**4. Analysis**

The following criteria are evaluated on a scale of 1 (low) to 5 (high). High scores are preferred.:

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| **SCORE** |  |
|  | The project benefits residents. |
|  | The project seems reasonable and is likely to lead to improvements to resident quality of care or quality of life. |
|  | There is a gap or need for the project. |
|  | The budget is reasonable, itemized, and easy to review. |
|  | The applicant has shown a positive relationship with the department and/or adult family homes. |
|  | The applicant has demonstrated how they will continue the project after SCPRP funding has ended. |
|  | The project will use effective outcome measures. |
|  | The project has a low cost per resident. |
|  | **Total** |

1. **Review Summary**

The application contains a prohibited use.

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| *Insert a summary of the prohibited use(s)* |

The application contains a problematic budget item.

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| *Insert a summary of the problematic budget item(s)* |

The application does not have an adequate analysis score.

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| *Insert a summary of the information that does not meet the criteria for reasonableness.* |

The application has no deficiencies.

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| *Provide a brief description of the application’s strengths, if any.* |

The review process required additional information/corrections from the applicant.

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| *Describe corrective action process with state/candidate. Include dates, POC, information requested, and if/how it was resolved* |